

TOWN OF HILTON HEAD ISLAND PLANNING DEPARTMENT

DEVELOPMENT PLAN REVIEW CHECKLIST

PROJECT NAME: _____

AGENT SUBMITTING APPLICATION:

Name _____

Company _____

Address _____

Telephone _____

*****ONE copy of each item is required, unless otherwise stated.**

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*APPLICATION FORM	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*FILING FEE	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*OWNER'S CONSENT	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*PROPERTY DEED	_____

BOUNDARY SURVEY (2 COPIES)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Control Points	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Computed Acreage	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Original Seal & Signature	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Date & Revisions	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Reference Plats	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Graphic Scale & North Arrow	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Tax Map & Parcel Number	_____

WRITTEN NARRATIVE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Specific Use Proposed	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Zoning District	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Number of Buildings	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Square Footage of each Building	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Square Footage of each Use	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Number of Stories for each Building	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Phasing Plan	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Maintenance Responsibility	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Dedicated Improvements	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Government Approvals	_____

SITE DEVELOPMENT PLAN (6 COPIES)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Name of Development	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Graphic Scale & North Arrow	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Tax Map & Parcel Number	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Date & Revisions	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Vicinity Sketch	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Topographic Information	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Trees 6" Diameter & Over	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Existing Structures Within 50 Feet	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Drainage Location	_____

DEVELOPMENT PLAN REVIEW CHECKLIST

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Water & Sewer Line Layout	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Septic or Waste Disposal System Layout	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Electric, Telephone, & Cable Line Layout	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Off-street Loading Areas	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Parking Calculations & Dimensions	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Impervious Surface Calculations	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Open Space Calculations	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Setback and Buffer Areas	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Zoning Boundaries	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Wetlands Delineation	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*FEMA Flood Zone Information	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Archeological Information	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Fire Hydrants and Fire Lanes	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Trash Receptacles & Enclosures	_____

LANDSCAPE PLAN (2 COPIES)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planting Plan	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant Schedule	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irrigation Plan	_____

SITE LIGHTING PLAN

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Graphic Scale	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location Plan	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light levels	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixture Schedule	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturer's Photometric Data	_____

PHASING PLAN/SCHEDULE REPORT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Graphic Scale	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Number of Units	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Square Footage Calculations	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Open Space Calculations	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Site Improvements	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Public Dedication	_____

TREE PROTECTION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Application	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Tree Survey (no older than 2 years)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Written Narrative on Tree Protection	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Tree Tally Sheets	_____

SITE DEVELOPMENT PLANS (All Plans Must Show All Trees 6" Diameter & Over)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Site Plan	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Utility Lines/Layout (Including Lighting)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Grading, Paving, Drainage Plan	_____

DEVELOPMENT PLAN REVIEW CHECKLIST

Yes No N/A

WETLANDS ALTERATION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Application	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Jurisdictional Determination	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Wetland Boundary Survey	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Application Package to USACE or OCRM	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Wetlands Evaluation Forms	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Wetlands Alteration Plan	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Stormwater Management Plan	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Wetland Protection Assurances	_____

WETLANDS IMPACT ANALYSIS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Written Narrative	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Efforts to Minimize Alteration	_____

MITIGATION PLAN TO INCLUDE:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Grading Plan	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Drainage Plan	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Elevation at High Ground & Surface Water	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Landscape Plan	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Implementation Schedule	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Restrictive Covenants	_____

ENGINEERING (2 COPIES)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Pre-Design Conference w/Town Engineer	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Stormwater Calculations	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Grading Plan	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Drainage & Erosion Control Plan	_____

DHEC APPROVAL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewer	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air & Water Quality	_____

OCRIM APPROVAL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beach/Dune Activity	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tidal Wetlands	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Land Disturbance	_____

ARMY CORPS OF ENGINEERS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Wetlands Determination Letter	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Wetlands Alteration Permit	_____

ENCROACHMENT PERMIT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SC Department of Transportation	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beaufort County	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Town of Hilton Head Island	_____

PSD APPROVAL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewer	_____

DEVELOPMENT PLAN REVIEW CHECKLIST

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*EXTERIOR ELEVATIONS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*PRIVATE ARB APPROVAL	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCHD/DHEC SEPTIC TANK APPROVAL	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PALMETTO ELECTRIC APPROVAL	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HARGRAY TELEPHONE APPROVAL	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEGAL GUARANTEES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OFFERS OF PUBLIC DEDICATION	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY PREPAREDNESS PLAN	

** - These items (if determined to be applicable by staff) are required at the time of submittal to be considered a complete application that will be distributed for review.*

It has been determined that for the above referenced project the minimum items necessary for acceptance of the application:

- ☐ HAVE BEEN SUBMITTED and the staff can begin a full coordinated review.
- ☐ HAVE NOT BEEN SUBMITTED and the application cannot be accepted and all submitted items are being returned. A new appointment will be required to resubmit the application.

SIGNATURES:

STAFF: _____ DATE _____

AGENT: _____ DATE _____

This application will be discussed at the _____ Staff Meeting. A comment letter will be sent to the applicant by the Friday immediately following that meeting.